Registration for Senior Programs is on-going

HOW AND WHEN TO REGISTER Online at www.DublinRecGuide.com • In Person • Mail-in Shannon Community Center, I 1600 Shannon Ave., Dublin, CA 94568 Spring 2016 Classes & Activities Residents: Tuesday, January 19 at 8 AM Non-Residents: Tuesday, January 26 at 8 AM Preschool: Fall 2016-2017, Session I Priority: February 25 at 8 AM – March I I at 8 AM Residents: March 24 at 8 AM – April 8 at 8 AM Non-Residents: April 14 at 8 AM After-School Recreation/Student Union: Session III Priority: February 16 at 8 AM Residents: Tuesday, March I at 8 AM Non-Residents: Tuesday, March 8 at 8 AM Senior Center Programs

Note: Registrations received prior to these dates are not given priority. Call (925)556-4500 for more information.

No Phone or Faxed Registrations Accepted

- Full payment is due at the time of registration. Checks are payable to the "CITY OF DUBLIN." MasterCard, Visa, Discover and American Express credit cards are accepted.
- Only check payments can be submitted with mail-in registrations.
 Credit Card payments must be made in person or online at www.DublinRecGuide.com.
- For mail-in registrations, confirmations will be sent to the email address on the registration form.
- If you do not already have an online account with us, please call (925) 556-4500 to set up a free account, or set up an account at www.DublinRecGuide.com.

Activity Withdrawals and Refunds

Withdrawals can be done online at www.DublinRecGuide.com, over the phone, or by sending an email to glentheguilde@dublin.ca.gov:

- If the withdrawal is requested up to four (4) business days prior to the
 activity start date, a credit for the full registration fee will be placed on
 your account. If you would like your credit balance refunded, please call
 (925) 556-4500, or send an email to glentheguide@dublin.ca.gov. Refunds
 take up to 30 days, and are subject to a \$5 processing fee.
- If the withdrawal is requested less than four (4) business days before the
 activity start date, the activity fee will be forfeited and no refund or credit
 will be issued.

PARENT/MAIN CONTACT INFORMATION

Online at www.DublinRecGuide.com • In Person • Mail-in

Dublin Senior Center, 7600 Amador Valley Blvd., Dublin, CA 94568

Last Name:			First Name:			
			City:	St	ate: Zip:	
Home/Evening Ph: ()			Work/Daytime Ph: ()			
Email Address:						
Emergency Contact/Relat	ionship			Ph: (
PARTICIPANT'S NAME	BIRTHDATE	M/F	ACTIVITY TITLE	ACTIVITY#	2 ND CHOICE	FEE
The City of Dublin Youth Fee Assistance program will allow children to have qual \$I to the Youth Fee Assistance Program	ity recreational exp	eriences tha	t may not be possible withou	t financial assistance		•
					Total fees due:	

I understand that photographs may be taken of me or my child during the course of said activity, and that these photographs may be used in the City of Dublin's publications.

PLEASE CAREFULLY READ THE FOLLOWING PARAGRAPH. AMONG OTHER THINGS, IT LIMITS YOUR RIGHT TO SUE SHOULD YOU OR YOUR CHILD BE INJURED WHILE PARTICIPATING IN A CITY PROGRAM.

Waiver and Release: I specifically acknowledge that City recreation programs may include physical activity that can result in injury to participants, and I agree that should I engage in such activity that I do so voluntarily and at my own risk. THE UNDERSIGNED, in consideration of participation in this recreation program and the use of the City of Dublin's facilities, premises, equipment and transportation services, hereby agrees to RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE THE CITY OF DUBLIN, its officers, employees, and agents (collectively, "the City") for any loss or damage, and any claim or demands therefore on account of injury to the person or resulting in the death of the undersigned, whether caused by the negligence of the City or otherwise, while the undersigned is in, upon, or about the premises or any facilities or equipment therein or, arising out of, or in the course of any transportation provided by the City. In addition, the undersigned hereby agrees to indemnify and save and hold harmless, and defend at its own expense, the City from any loss, liability, damage or cost, including reasonable attorney's fee, the City may incur due to the presence of the undersigned, in, upon, or about the City premises or in any using any facilities or equipment of the City whether caused by the negligence of the City or otherwise. If this agreement is signed on behalf of a minor by a parent or guardian, the phrases "I" and "the undersigned" in the previous paragraph refer to the child and not to the parent or guardian signing on the child's behalf. In the case of an injury to my minor child, I authorize the City staff to administer minor first aid. In the event that I cannot be contacted and it is necessary to administer further medical treatment, I will take full responsibility for any medical expenses. I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT. I HAVE READ THIS RELEASE.

LIABILITY AND INDEMNITY AGKEEMENT. I HAVE KEAD THIS KELEASE.	FOR OFFICE USE ONLY		
	Date	Date Entered: Receipt No: Cash Credit Card Check No:	
a Participant a Parent a Legal Guardian			